

Today's date: \_\_\_\_\_ / \_\_\_\_\_ /1999  
 month day year

# I. QUESTIONS ABOUT YOU AND YOUR FAMILY

a) What is the **first** letter of your **first** name? \_\_\_\_\_

b) What is the **first** letter of your **last** name? \_\_\_\_\_

c) What is your birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 month day year

d) Are you a boy or a girl? ☐ Boy ☐ Girl

1) What ethnic group best describes you?  
**(Mark all that apply.)**

- ☐ American Indian/Native American  
☐ Asian/Pacific Islander  
☐ Black - African American - Non-Hispanic  
☐ Latino - Hispanic  
☐ White - European-American - Non-Hispanic  
☐ Other: \_\_\_\_\_

2) Were you born in the United States?

- ☐ Yes ☐ No

3) What language do the adults in your family  
usually speak at home? **(Mark one).**

- ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

4) What grade are you in? \_\_\_\_\_

5) Do you have a mentor, an adult outside of your  
 family that you trust and who listens to you?

- ☐ Yes ☐ No

6) What are the best things you have going for  
 you? **(Check all that are true for you.)**

- ☐ Friends ☐ My job ☐ Looks ☐ School  
☐ Personality ☐ Talents ☐ Sports ☐ Family  
☐ Brains ☐ Other (what?) \_\_\_\_\_

7) Which of these were true for you **last month**?  
**Check all that apply to you.**

- a) I quit school. ☐  
 b) I was suspended or expelled. ☐  
 c) I got in fights a lot. ☐  
 d) I was involved in a gang. ☐  
 e) My friend/relative was arrested. ☐  
 f) Someone close to me died. ☐  
 g) My family fought a lot. ☐  
 h) I drank alcohol (for example, beer or wine). ☐  
 i) I used drugs (such as marijuana or crack). ☐

8) Which of these will you do in the future?  
**(Check all that are true for you.)**

- a) Finish high school/ GED ☐  
 b) Get job training ☐  
 c) Join the armed forces ☐  
 d) Attend college ☐  
 e) Graduate from college ☐

9) Here are some reasons for **waiting to have sex**  
 (make love, do it, go all the way, have sexual  
 intercourse). How true are they for you?

	YES!	yes	no	NO!
a) My parent would be upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am afraid of STDs/STIs (sexually transmitted disease/ infection, like herpes) and HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I am afraid of a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I haven't met the right person yet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I'm waiting until marriage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I am not old enough yet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I would feel guilty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) My best friend would be upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) How long do you plan to wait to have sex?  
**(Mark one.)**

- a) Until I am married. ☐  
 b) Until I find someone I really love. ☐  
 c) Until I am an adult. ☐  
 d) I plan to have sex in the next 12 months. ☐  
 e) Sex isn't something you plan; it just happens. ☐  
 f) I've had sex, but I plan to wait to have sex  
 again. ☐  
 g) This does not apply to me; I am sexually  
 active. ☐

**Please go on to the next page.**



11) Do you agree or disagree with the following?

	YES!	yes	no	NO!
a) It's okay for a teenage boy to have sex with someone he likes a lot, but doesn't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I want to marry a virgin – someone who has never had sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) It's okay for a teenage girl to have sex with someone she likes a lot, but doesn't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) It is a good idea to try sex before marriage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) My parents think only married people should have babies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) If I were going to have sex, my parents would want me to use protection (such as a condom or the pill).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) It's okay to have a baby while I'm in high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12) How true are these statements for you?

	YES!	yes	no	NO!
a) I have a good idea of where I'm headed in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I wish I had more to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Religion is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Someone in my family loves and supports me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I know how to overcome problems in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) My community is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I do things as well as most people my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I have something to offer my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I like my body and the way I look.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I like going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## II. QUESTIONS ABOUT WHAT YOU DO AND THINK

1) How old were you the first time you went on a date alone (such as to a movie or a party) with someone you really liked?

- ☐ I was \_\_\_\_\_ YEARS OLD the first time.  
☐ I've never had a date.  
☐ I'm not allowed to date.

2) Have you ever gone steady?

- ☐ No  
☐ Yes; I was \_\_\_\_\_ YEARS OLD when I first went steady.

**Remember, your answers to these questions will be private. No one who knows you will know how you answered.**

3) Have you ever had sex? ☐ Yes ☐ No

**If you marked "No" on Question 3, you can mark "I have never had sex" for Questions 4 through 7.**

4) If you have had sex, about how old were you the first time you had sex?

I was \_\_\_\_\_ YEARS OLD.

- ☐ I have never had sex.

5) Have you ever been pregnant or gotten someone pregnant?

- ☐ I have never had sex.  
☐ Yes. Number of times \_\_\_\_\_  
☐ No.  
☐ I don't know.

6) If you have had sex, when did you first start trying to prevent pregnancy?

- ☐ I have never had sex.  
☐ The first time I had sex.  
☐ Waited up to six (6) months.  
☐ I have never tried to prevent a pregnancy.

7) If you have had sex, what method of protection did you use the last time you had sex?

- ☐ I have never had sex.  
☐ The pill.  
☐ A condom.  
☐ Other (Which one?) \_\_\_\_\_  
☐ No protection.

8) In answering these questions, I was

- ☐ honest on all questions.  
☐ honest on most of the questions.  
☐ not honest on a lot of questions.